

## Data Elements on Health Professions Licensing Forms

|  |   | <i>Healing Arts</i>                     |   | <i>Kansas State Board of Pharmacy</i> |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|--|---|---|---|---------------------------------------|----------------------|-----------------------------|---|---|--|--|---|--|---------------------------------|-------------------------|---------------------------|--------------------------|
| General Category                                 | Description   | Reg. to Dispense Contact Lenses by Mail | Mobile Dental Facility or Portable Dental Operation | Pharmacy                              | NonResident Pharmacy | Pharmaceutical Manufacturer | Prescription Drug/ Controlled Substances Distribution | Non Prescription (OTC) Drug Distributor/ Wholesaler | Retail Dealer's Permit (healthcare products sales) | Ambulance/ emerg. med. service (controlled substances act) | Analytical Laboratory (controlled substances act) | Health Dept or Prvt Not-For-Profit Fam. Plan. Clinic or Indigent Care Clinic | Research & Teaching Institution | Institutional Drug Room | Durable Medical Equipment | Sample Drug Distribution |
|  |   | App                                     | App   | App                                   | App                  | App                         | App   | App   | App  | App  | App   | App  | App                             | App                     | App                       | App                      |
|  | Date of Application   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| <b>Business / Facility Contact Information</b>   | Business Name   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Other names used for business                                       |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Address   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Name of county  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Phone number  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Fax number  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Toll-free   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Email address   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Other Contact info, if different from physical address of business. |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| <b>Business / Facility Corporate Information</b> | Type of Business  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | TaxID for practice  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Type Ownership  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Business Owner(s) - Name  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Business Owner(s) - Contact Information                             |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Corporate Board   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Authorized Agent/ Designated Resident Agent                         |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Hours of operation  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Pharmacist on duty  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Website address   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | If have website, can patients purchase prescriptions on it?         |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|  | Ownership of Equipment  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |

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|   |   | App                                     | App   | App                            | App                  | App                         | App   | App   | App  | App  | App   | App  | App                             | App                     | App                       | App                      |
|   | If equipment is not owned..   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Other Details   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Services Provided   | Varies by Type of Facility  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Do you transfill or repackage oxygen?   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Drugs being sample distributed  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Business /Facility Certification or License                           | Name of credential (License, Certi., Regist.) for this application (or renewal, etc.) |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Status of credential (Current, active, inactive, expired, renewal etc.)               |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Certifi/License #   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Date of certification   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Other Faciltiy Certification /License (Previous, another state, etc.) | Other Professional license/certificate or temporary permit                            |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | a. State/territory  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | b. license number   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | c. effective date/year issued or date of applic.                                      |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | d. current status   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Provider DEA  | Is facility registered/ authorized by DEA to .....controlled substances.              |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | DEA # assigned  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |

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|   |   | App                                     | App   | App                            | App                  | App                         | App   | App   | App  | App  | App   | App  | App                             | App                     | App                       | App                      |
|   | Expiration date of certification specified by CertificationID                 |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Date application was submitted to DEA.  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Provider FDA                            | Is applicant presently registered with the Food and Drug Administration(FDA)? |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | FDA Reg. # and Exp. Date  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Employee Information                    | Name  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Preferred title (Dr., Mr., Mrs. Ms, etc.)                                     |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Address (street, city,  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Phone number  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Email address   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Fax number  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Name of country   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Other employee information  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Employee License/ Certification         | Name of credential, License, Certification,                                   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | License #   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| Provider Criminal / Disciplinary Action | Ever convicted of a misdemeanor?  |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|   | Ever convicted of a felony?   |   |   |                                |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |

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|                            |  | App                                     | App   | App                                   | App                  | App                         | App   | App   | App  | App  | App   | App  | App                             | App                     | App                       | App                      |
|                            | Ever convicted of any violation of St. or Fed. law relating to controlled substances?                                      |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|                            | Any criminal proceedings pending (fed or state)?   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|                            | Any investigation and/or disciplinary action (past or pending) against any license, certification, or registration?        |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|                            | License, certification or registration ever denied, revoked, suspended or other disciplinary action taken?                 |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|                            | Licence/certification ever surrendered?  |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
|                            | Ever furnished false or fraudulent material in any application made in connection with drug manufacturing or distribution? |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| <b>Public Trust</b>        | Have you ever been denied provider participation in any state medicaid or federal medicare programs?                       |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |
| <b>Other Questions Re:</b> | Has applicant complied with reg. requirements of previously granted registrations?   |   |   |                                       |                      |                             |   |   |  |  |   |  |                                 |                         |                           |                          |

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|                                    |  | App                                     | App   | App                                   | App                  | App                         | App   | App  | App  | App  | App   | App  | App                             | App                     | App                       | App                      |
| <b>Compliance with Regulations</b> | Has applicant complied with requirements to maintain/ make available to board or to federal, state or local law enforcement officials those records required by the federal Food Drug and Cosmetic Act?                            |   |   |                                       |                      |                             |   |  |  |  |   |  |                                 |                         |                           |                          |
|                                    | Have employees had education, training or experience sufficient to perform the assigned function so as to provide assurance that the drug product quality,safety, and security will at all times be maintained as required by law? |   |   |                                       |                      |                             |   |  |  |  |   |  |                                 |                         |                           |                          |
|                                    | Explain the applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances.   |   |   |                                       |                      |                             |   |  |  |  |   |  |                                 |                         |                           |                          |